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RESEARCH

THE INSERTION OF THE SYSTEMATIZATION OF NURSING CARE IN THE CONTEXT OF PEOPLE WITH SPECIAL NEEDS

A INSERÇÃO DA SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM NO CONTEXTO DE PESSOAS COM NECESSIDADES ESPECIAIS

LA INSERCIÓN DE LA SISTEMATIZACIÓN DE LOS CUIDADOS DE ENFERMERÍA EN EL CONTEXTO DE LAS PERSONAS CON NECESIDADES ESPECIALES

Edlamar Kátia Adamy¹, Ivete Maroso Krauzer², Carla Hillesheim³, Bruna Almeida da Silva⁴, Francine Cristine Garghetti⁵

ABSTRACT

Objective: This research appeared in the interest of nursing students by area of mental health need to expand the area of the nurse, the demand of people in the Association of Parents and Friends of Exceptional Children (APAE) and believe that you can contribute towards improving the quality of life of people with special needs. The objective was to develop with learners from an institution of special education, family and educators to Nursing Care System (EAS). **Method:** we opted for the convergent-care, with three participants who attended APAE and their families, a total of five people. **Results:** there were qualitative changes in hygiene, nutrition and general physiological care of the participants. **Conclusion:** the implementation of the NCS has been revealed as a work tool capable of improving the quality of life for participants and family. **Descriptors:** Quality of life; People with disabilities; Nursing process.

RESUMO

Objetivo: Essa pesquisa surgiu do interesse de acadêmicas de enfermagem pela área de saúde mental; necessidade de expandir a área de atuação do enfermeiro, pela demanda de pessoas na Associação de Pais e Amigos dos Excepcionais (APAE) e por acreditar que se pode contribuir na melhoria da qualidade de vida das pessoas com necessidades especiais. O objetivo foi desenvolver junto aos participantes de uma instituição de educação especial, família e educadores a Sistematização da Assistência de Enfermagem (SAE). **Método:** optou-se pela pesquisa convergente-assistencial, com três participantes que frequentavam a APAE e suas famílias, totalizando cinco pessoas. **Resultados:** houve mudanças qualitativas nas condições de higiene, alimentação e cuidados fisiológicos gerais dos participantes. **Conclusão:** a aplicação da SAE revelou-se como um instrumento de trabalho capaz de melhorar a qualidade de vida dos participantes e família. **Descritores:** Qualidade de vida; Pessoas com deficiência; Processos de enfermagem.

RESUMEN

Objetivo: Esta investigación apareció en el interés de los estudiantes de enfermería, área de salud mental deben ampliar el área de la enfermera, la demanda de las personas en la Asociación de Padres y Amigos de Niños Excepcionales (APAE) y creemos que puede contribuir a mejorar la calidad de vida de las personas con necesidades especiales. El objetivo era desarrollar con los alumnos de una institución de educación especial de la familia y los educadores del sistema de Atención de Enfermería (EAS). **Método:** hemos optado por la convergencia de atención, con tres participantes que asistieron a APAE y sus familias, un total de cinco personas. **Resultados:** hubo cambios cualitativos en la higiene, la nutrición y cuidados generales fisiológicos de los participantes. **Conclusión:** la aplicación de la NCS se ha revelado como una herramienta de trabajo capaz de mejorar la calidad de vida de los participantes y familiares. **Descriptor:** Calidad de vida; Las personas con discapacidad; Procesos de enfermería.

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INTRODUCTION

The World Health Organization (WHO) estimates that about 10% of the world population has special needs. These can be of various kinds: visual, auditory, physical, mental, multiple, behavioral disorders and also individuals with high ability or gifted.¹

In Brazil, the Brazilian Institute of Geography and Statistics (IBGE), the 2000 Census, show that the number of people who declare themselves with special needs was 24.6 million, representing 14.5% of the Brazilian population.² The Census of 2010 shows that people with disabilities represent 24% of the Brazilian population, which represents an increase of 10% over the total Brazilian population in 10 years.³

It is considered exceptional, the disabled person, disabled person or person with special needs, one that presents loss or alteration of a structure or function of psychological, physiological or anatomical inability to manage the performance of activity and / or needs involving care in particular, with reference to their social inclusion.⁴ In this research we chose to designate the term people with special needs to identify study participants.

It is recognized that disability is an evolving concept. May result from the interaction between people with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.

Countries that were part of the Convention of the United Nations (UN) on the rights of people with disabilities recognize that persons with disabilities have the right to enjoy the highest attainable standard of health without discrimination based on disability. In this sense, all measures must be taken to ensure access for persons with disabilities to health services J. res.: fundam. care. online 2013. jul./set. 5(3):53-65

sensitive to gender issues, including health-related rehabilitation.⁵

In Brazil, they created the Association of Parents and Friends of Exceptional Children (APAE), a nongovernmental organization (NGO) with a mission to promote and coordinate actions on advocacy, prevention of injuries and complications, guidance, service and support to the families.⁴ This institution has the main objective of promoting the improvement of the quality of life of people with different disabilities, intellectual preferably in their life cycles, children, adolescents, adults and the elderly, seeking to assure them the full exercise of citizenship.⁴

In an institution of special education, such as the APAE, one can find people with intellectual reduction in physical and mental disorders and medical conditions associated with its own characteristics and unique.

The National Health Policy of Persons with Disabilities is guided on the assumption that in addition to health care specific to your condition, this is a citizen who may be affected by common diseases and injuries to others. Therefore, it is necessary to have a multidisciplinary team that has as a precondition the holistic view of the human being.²

In this sense, the nurse can develop an important role in promoting the health of this population. Through education, build up citizens and health education is one of the alternatives that nursing has to help these people to become active individuals in building their lives and their independence. Nursing in the context of educating, can act in special education by promoting the development of the potential of people with disabilities.⁴

The mental health nursing is a specialty focused on the care of the person and his family, at all levels of care: prevention, promotion,

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maintenance and restoration, as well as in preparation for reintegration and social rehabilitation while respecting their rights and warning the duties of a citizen.⁶

The working method that nursing spear hand to carry out their activities in a scientific manner is called Nursing Care System (NCS). The construction of nursing knowledge and experiences are still in early graduation and when they are in line with the philosophy of service, qualified practices favor the patient, providing comprehensive assistance for basic human needs.⁷

The general and specific care to patients with special needs can be arranged and performed by nurses through the deployment and implementation of the NAS, as a working methodology that guides the professional nursing care.

In Brazil, it is considered that in practice the nurse has the SAE as their working tool, and is guaranteed by Resolution 358/2009 of the Federal Board of Nursing (COFEN) that confers the obligation to implement the Nursing Process (EP) environment in public or private, that occurs in professional nursing care.⁸

Through the implementation phase of PE, develops professional in a holistic human being systematically incorporated into the routine work of the nursing team, providing interventions based on identification of human needs, as well establishes an interrelationship with the multi-professional team (doctor, nutritionist, psychologist, dentist, audiologist, among others).^{9,10}

This research grew out of academic interest in the nursing program for mental health; need to expand the area of nursing activities by user demand APAE in western Santa Catarina and believe that you can contribute in improving the quality of life for people with special needs.

Given the complexity of modern society and the characteristics that differentiate an institution J. res.: fundam. care. online 2013. jul./set. 5(3):53-65

of traditional education from an institution of special education, it identifies the need for a more specialized and complex attention and application of SAE can be a working instrument able to help people with special needs to minimize risks to your health. As a result, it is believed that the presence of nurses these institutions can contribute to the reduction of pain and improvement in quality of life.

By proving the effectiveness of the implementation of the NCS, widely referenced in the literature, this study was performed in order to answer the main question: How can the application of SAE improve the quality of life of persons with disabilities, members of an institution special education?

Given this, it was established as a general objective: develop Systematization of Nursing with the members of an institution of special education and family.

METHODOLOGY

The choice of methodology for this research consisted in a challenge to the researchers, given the desire to implement a tool of the nursing process, which is the SAE, and the need to choose a research methodology that would establish an inter -effective relationship with different stakeholders (researchers, participants, family and educators) members of the study.

In literature, we found that nursing has used in his research different methodological approaches. We decided then to use the Convergent Care Research (PCA) as it "establishes a relationship with the social situation objectively and find solutions to problems, make changes and innovations in the social situation."^{11:846}

The PCA is characterized by the active participation of the people, oriented to solve or minimize problems in practice, or to make changes and / or introduction of innovations in health care practices and

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may lead to new theoretical constructs..^{12:246}

Whereas PCA emerged from the action research and systematization of nursing care, the context of healthcare practice raises innovation, alternative solutions to minimize or solve everyday problems in health and renewal practices, which requires commitment of the professionals in include research in their care activities bridging the know-think the know-how.¹³

The PCA consists invariably of four phases: 1 - Design phase, 2 - Phase instrumentation; Phase of questioning and 4 - Phase analysis. These phases are intrinsically linked to the stages of the Systematization of Nursing.⁸

Phase of birth

According to the reference of the convergent, the design phase includes the choice of topic and area of study, dismemberment on specific problems (research questions) and the purpose of the research (goal), described in the introduction.

Phase of instrumentation

This phase begins instrumentation, which consists in tracing the methodological procedures of the research: the choice of physical space, the participants as well as the methods and techniques for obtaining and analyzing data. This moment "[...] requires the active participation of the subject, is aimed at resolving or minimizing problems in practice or making changes [...]."^{13:24}

It was developed in an Association of Parents and Friends of Exceptional Children (APAE) west of Santa Catarina. This institution has 70 professionals including educators, drivers, director, pedagogical coordinators, speech therapists, physiotherapists, psychologists, social workers, nutritionists, occupational therapists, secretaries, maids, janitors, remunerated trainees and doctors: pediatrician, neurologist and

psychiatrist. There are no nurses in the institution.

With 308 participants with some level of intellectual disability or multiple and developmental delay. Psychopedagogical activities are performed according the type of disability or need presented by the participants. They are divided in groups of up to eight members with autism, deafness, blindness, and those who need some kind of stimulation, early childhood education, elementary education, vocational workshops, and live the Service Educational Specialist (SAEDE).

APAE has a physical structure with a space containing an arena where hippotherapy sessions are conducted mainly with wheelchairs. In this place there are three professionals who are responsible for the functioning of therapy. Adjacent to the arena is located multipurpose space, in which participants dance practice; classrooms physiotherapy, speech therapy, psychology, occupational therapy and a pool for aquatic recreation sessions under the supervision of physical therapists and / or physical educators.

Participants have access to computer services, tailored to specific needs. Furthermore, sessions are conducted cinotherapy (assisted therapy dogs).

To choose the participants to be part of this research was done prior to the institution a visit and an interview with the coordinator of APAE. The selected participants who had more complex health problems under their optics. The academic reviewed the records, made systematic observation of participants and conducted a home visit family.

Thus, included are two boys and a girl, eight, 10 and 15 years respectively and their parents / guardians, totaling six research participants.

Data Collection

Data collection occurred in two phases:

First time: was held at the institution through interviews with the coordinator of APAE and educators in order to recognize the local reality, the physical structure and the services offered. According to PCA "the type of interview is the most appropriate informal interview conducted in repeated contact over a given time [...]." Then were conducted meetings with selected participants in school and began using the SAE is an instrumented data collection, containing identification data; lifting habits; major complaints; personal and family history, history of present illness, physical examination, general conditions, level of consciousness and cognitive, affective and psychomotor.

Secondly: it occurred in the participants' homes, with interviews with parents or guardians and participants, in order to continue to SAE. These interviews were scheduled in advance and took place according to the availability of family.

Phase of prescrutation

At this stage, we described the strategies used to obtain research data. These arise from the researcher's creativity and are consistent and appropriate to the method.¹³ The log data was recorded on the instrument developed and field diary. We chose to use the resolution COFEN No 358/2009, which provides for the implementation of the NCS in five steps interrelated, interdependent and applicants, namely: data collection in nursing (or History of Nursing); diagnosis of Nursing; nursing planning, implementing and evaluating Nursing.⁸ These phases were described previously.

Phase of analysis

The analysis in PCA occurred simultaneously with data collection. Bid evaluation was continuous and systematic throughout the process, respecting the stages of apprehension, synthesis, J. res.: fundam. care. online 2013. jul./set. 5(3):53-65

theory and recontextualization, which occurred sequentially, through the application of SAE.

The interpretation and analysis of collected data began after the first meeting and the first home visit. Nursing diagnoses were listed that led to interventions. The nursing diagnoses were delineated by taxonomy I the North American Nursing Diagnosis Association (NANDA).¹⁴

From the third meeting began the implementation of interventions / nursing activities and guidelines for self-care participants and their parents. The interventions and evaluation were based on the Nursing Intervention Classification (NIC)¹⁵ and Nursing Outcomes Classification (NOC).¹⁶

As the contacts were held weekly at home or at school to monitor and according to the needs of the participants were necessary readjustments in the systematization of nursing care. After eight weeks of follow up, a total of eight visits for each participant and family were made the assessment of these developments.

The implementation of the systematization of nursing care to research participants was conducted in the period May to October of 2010. The heads of the participants were contacted and informed about the research objectives. Then the agreement signed individually declares the term of consent.

Participants were identified by the names of the colors Pink, Green and Blue. Thus, it was ensured its integrity, and according to Resolution No. 196/96 of the National Health Commission of Human Research (CEPSH) were kept confidential. The project was approved by the research ethics committee of the University of the State of Santa Catarina (UDESC) with n ° 114/2010.

RESULTS AND DISCUSSION

In this study we identified 50 nursing diagnoses, distributed among the three participants. For Rosa nine diagnoses were

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identified and 38 were prescribed interventions. Blue were set to 23 and 73 diagnostic interventions. Regarding Green was identified 18 diagnoses and 58 nursing interventions. Some of the diagnoses were repeated for different participants, as well as the suggested interventions and outcomes.

The results (according to SAE) were directly related to nursing diagnoses, from data collection tool applied to the participants and their parents; analysis of expected results; prescription of activities / nursing interventions and evaluation of nursing.

For participant Rosa was a specific analysis contained in Table 1. The participants called Blue and Green were brothers and had the same disease - Duchenne syndrome (recessive genetic disease, X-linked, degenerative and disabling), differing only the degree of physical impairment, which was less evident in Green. Overall, the results were similar for siblings.

Results chained for Rose

The evaluation or trend is to process the method and analysis of the data also makes it possible to identify the effects of interventions on the basis of results.

Initially, we sought to establish a bond with Rosa and her family in order to establish a relationship of dialogue that would facilitate communication between researchers and participants. When dealing with special people is common to see a nurse that "people cannot verbalize all their needs, so the trader must develop the art of caring for people, to realize even what is not verbalized, but it is expressed mode of being of another."^{6:58}

Similarly, the convergent "is developed concurrently with the work of the researcher, or if it involves working in the context of healthcare research."^{11:846}

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Below are described the relationship of the diagnosis, interventions and results expected, respectively, considered a priority for rose.

Nurse Diagnosis for rose

- Impaired dentition related to ineffective oral hygiene, tooth decay characterized by the crown, and misalignment of teeth reported toothache.
- Urinary elimination impaired - related to cognitive impairment, characterized by nocturia.
- Growth retardation and developmental disabilities related to cognitive stimulation and limiting. Characterized by delay in play skills typical of the age group and inability to perform self-care activities appropriate to the age.
- Deficient knowledge related to misinterpretation of information and cognitive limitation, characterized by statements indicating misconceptions.
- Self-care deficit hygiene-related cognitive impairment, characterized by inability to make a proper hygiene.

Prescribed interventions

- Revise and teach the correct oral hygiene practices: frequency and type (brushing and mouthwash);
- Make mouthwash mouthwash;
- Orient-performing massages gums with a soft toothbrush with soft bristles (3x daily);
- Teach and encourage the use of brushing and flossing (3x daily);
- Lead the decreasing consumption of foods high in sugars, such as candy and soft drinks.
- Steer decreased fluid intake in the period preceding nocturnal sleep;

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- Encourage voiding before bed;
- Wrap it in opportunities to practice new behaviors, such as games, group activities, encouraging attend assiduously APAE;
- Educator auxiliary/ family to accept and adjust to deviations irreversible development, for example, mental retardation;
- Talk to family and explain about the responsibilities of the community, for example, services that should be provided to school-age child;
- Guide and encourage early attendance at another educational institution during the period that does not match what is on APAE, such as the Center for Youth and Adults (CEJA);
- Ensure privacy during personal care activities.
- Provide guidance about the use of tampons and the importance of frequent exchange.

Expected Results

- Verbalize and demonstrate skills related to dental hygiene;
- Will carry out regular consultations with professional oral health;
- Reduction / elimination of nocturia;
- Rose expected to acquire social skills of expressions own age group, taking into account the current capabilities;
- One hopes that Rose perform activities of self-control and self-care, own age;
- It is expected that family members understand and verbalize understanding of the delay / diversion growth / development and intervention plan implemented in this work;
- Demonstrate greater interest in and responsibility for their own learning, seek information of asking questions;

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- Initiates changes in lifestyle and participate in the therapeutic regimen;
- Positive changes in social behavior and interpersonal relationships;
- Identify the needs necessary for the maintenance of health;
- Assume responsibility for their own health promotion needs according to their level of ability.

From the prescriptions made for Rose and family, and after initial problems encountered various orientations, there was an evolution in the quality of oral hygiene Rose. Moreover, it was scheduled for an appointment with the dentist basic unit of reference, but Rose did not attend. As for the excessive intake of foods high in sugars, mother Rose followed several guidelines made even said it was buying less sweet foods (candy, soft drinks, chocolates, etc.) that were consumed daily by Rose.

As was reported by the mother of Rosa, the problem of nocturia became less frequent as she began to control fluid intake that preceded the sleep period and monitor the way Rose to the bathroom before bed.

The researchers, detecting that Rose was with incomplete vaccination schedule, accompanied her to the clinic for vaccines that have been upgraded pending. In your calendar missing the last two doses of hepatitis B vaccine and the vaccine against yellow fever.

With much effort has been made to the second dose of hepatitis B vaccine, because Rose was aggressive and showed little collaboratively during the application of the same, showing fear of the procedure.

In this light, the yellow fever vaccine remained open for the next opportunity or the scheduled date of the last dose of vaccine against hepatitis B.

Regarding frequency in APAE, Rosa has a history of a few failures, the incentive of the

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researchers allowed a better understanding of assist and serve the patient and seeks to improve the quality of care prestada¹⁸. What corroborates the objectives of this work and the results achieved to Rosa.

Results chained for Blue and Green

In the same way that rose, of 41 131 diagnoses and interventions for green and blue, were reduced by priority and criteria presented below.

Nurse Diagnosis for green and blue

- Impaired ambulation related to muscle strength insufficient, characterized by inability to go walk the distances required, walk slant / slope or on uneven surfaces, climb curbs and stairs;
- Delayed growth and development, related to the result of physical and mental limitations, characterized by inability to perform activities of self-care or self-control at levels appropriate for their age;
- Risk for impaired skin integrity related to local pressure, excretions, secretions, humidity and wetting;
- Deficient knowledge related to misinterpretation of information and cognitive limitation, characterized by statements indicating misconceptions;
- Impaired social interaction related to barriers to communication, limited physical mobility and mental processes changed. Characterized by inability to verbalize, perceive and convey a sense of belonging satisfactory, care, interest or shared history;
- Ineffective health maintenance related to the significant lack of communication skills, stages of development not achieved, difficulty in performing reasoning deliberate and foresighted, disturbance of perception or cognition and lack of material resources.

Characterized by inability observed to take responsibility for conducting basic health practices in any or all areas of demonstrated deficiency of functional standard equipment and financial resources;

- Self-care deficit hygiene. Related to cognitive impairment, characterized by inability to make a proper hygiene.

Prescribed Interventions

- Develop a plan of care appropriate to the individual situation, scheduling activities that adapt to the normal routine;
- Taking time to listen to the family to identify difficulties to participate in treatment regimen;
- To assess the capacity for self-care and availability of equipment for help;
- Assess comprehension of Blue and Green and his family and the ability to provide care for long periods;
- Maximizing the mobility as possible, using auxiliary devices according to need;
- Instruct the mother to stimulate mobilization exercises and involve him in active exercises with the physical therapist to improve the muscle strength;
- Maximize involvement in self-care;
- Plan activities to the extent possible to increase strength / endurance;
- Steer / encourage early attendance at another educational institution during the period that does not match what is on APAE, such as the Center for Youth and Adults (CEJA);
- Stimulating various activities and stimuli as desired: music, DVD movies, games, among others;
- Involve them in opportunities to practice new behaviors, such as games, group activities;

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- Give positive feedback for efforts / successes and adaptation, while minimizing the failures, because it encourages the continued efforts and improves the results achieved;
- To help participants and their families to accept and adjust to deviations irreversible development, for example, mental retardation syndrome and Duchenne;
- Develop a plan of care appropriate to the individual situation, scheduling activities that adapt to the normal routine;
- Taking time to listen to the family;
- Develop a plan of care appropriate to the individual situation, scheduling activities that adapt to the normal routine;
- Taking time to listen to the family to identify difficulties to participate in treatment regimen;
- To assess the ability of self-care and the availability of equipment and assistance;
- Ensure privacy during personal care activities;
- Provide guidance about the use of tampons and the importance of frequent exchange;
- Encourage bathe daily;
- Revise and teach proper oral hygiene practices: frequency and type (brushing and mouthwash).

Expected Results

- Participate in enjoyable activities within;
- Can they move in the environment when needed / desired, within the limits of its capacity or with appropriate assistive devices;
- Participants voluntarily activities necessary / desired;
- Expected to delay the signs and symptoms of muscular dystrophy;
- Develop a plan of care Appropriate to the individual situation, scheduling Activities That adapts to the usual routine;

- Taking time to listen to the family to Identify Difficulties to Participate in treatment regimen;
- To ASSESS the capacity for self care and availability of equipment for help;
- Demonstrate behaviors and techniques to prevent damage to the skin;
- Blue, Green and his family will identify personal factors related to the difficulty of maintaining a safe environment;
- Non-develop musculoskeletal injuries;
- With assistance from relatives demonstrate behaviors or lifestyle changes to reduce risk factors and protect yourself against injury;
- They will demonstrate greater interest in and responsibility for their own learning, seek information of asking questions;
- Initiate changes in lifestyle and participate in the therapeutic regimen;
- Positive changes in social behavior and interpersonal relationships;
- Expected to acquire social skills of expressions own age group, taking into account the current capabilities;
- It is expected that family members understand and verbalize understanding of the delay, diversion of growth and development intervention plan implemented in this work;
- Participation in the learning process;
- They will demonstrate greater interest in activities;
- They will take responsibility of their needs for health promotion within your level of ability.

Initially the participant Green showed little collaborative and inattentive. During the visits there was a better interactivity because now communicate more and participate more effectively the activities. Additionally, Green proved to be a loving and caring child, these characteristics, not identified at baseline.

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Regarding the problem of poor hygiene, have been made available for both material and to hygiene (toothbrush, toothpaste, shampoo and soap); performed weekly baths in Blue to teach and promote the correct way of cleaning the body. Additionally, she was taught the correct way of brushing teeth with playful demonstration. Unfortunately during the home visits was not observed a significant improvement in the context of general hygiene. All these activities were accompanied by the boys' mother.

The guidelines regarding the physiological eliminations did not get much success, the participants continued doing the excretion urinary clothes, without a reeducation as a suitable place and time. It is noticed that both have some understanding and who motivated and encouraged to carry out the activities, they would be fulfilled. However, it is necessary to understand the context in which these problems occur because:

urinary loss is more common in mentally handicapped than in the normal population, and this is related to the fact that urinary control is dependent on the maturation of the central nervous system (CNS), and deficient in this maturation would occur more slowly. Furthermore, patients with mental retardation may show minor neurological dysfunction, or CNS changes that may increase the risk of urinary leakage.^{19:39-40}

Was asked to the health unit immunization schedule, noting that Blue was with the immunization schedule, and Green card was not found. It was then scheduled an appointment to professional dentist for Blue, Green and his brothers and a query to Pap smear testing for the mother who was more than two years without realizing it and said being with fetid secretion, pain, and pruritus vaginally.

From the speech of some team members of this health unit, who said: "they were tired of J. res.: fundam. care. online 2013. jul./set. 5(3):53-65

guiding this family," the face of this fact, we can see some demotivation team of family health linked to the Municipal Health , to continue developing activities that culminate with the objectives proposed in this paper.

During the visits, it was possible to identify a cultural behavior that differs greatly from what was established by the researchers. The mother of Blue and Green demonstrated interest in improving the quality of life for their children, but not effectively materialize the guidelines provided by the researchers. It was noted slouch in the performance of daily activities and targeted interventions need to be constantly reminded. This is a job that requires enduring actions, persistence and determination.

However, a positive result reported by the educational coordinator responsible for APAE, was the increased frequency of Blue and Green in this institution, which was not a common occurrence. This factor, which is seen in APAE both have access to comprehensive care done by professionals to improve their quality of life, such as: educator, physiotherapist, psychologist, occupational therapist, medical consultation, among other appointments, which enable greater interactivity social.

COCNCLUSION

The use of convergent analysis proved to be a powerful method to establish an effective interrelationship between the researchers and the participants, as in drawing up its phases there was a rapprochement between them and a bond that allowed the development of interventions nursing.

The application of SAE in people with special needs and family was a challenge for the researchers, given the limitations in the teaching / learning, musculoskeletal abnormalities, locomotive and mental that these participants had.

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It was possible to understand how much work it was doing activities that involve direct interaction with the special people. This type of study required dedication, commitment, scientific knowledge and respect for different cultures, on the part of the researchers.

The SAE aims, ultimately qualify nursing care. In environments with people who require special care becomes an urgent need for an instrument to be able to improve the quality of life, humanizing the care and promote health education actions.

The application of the research provided a better Rosa personal presentation, directly related to the issue of improved hygiene. This was apparent to researchers and confirmed with teachers' reports of APAE regarding participant prove more careful and vain.

Regarding the results of the survey with the brothers Blue and Green, the main achievement was obtained increasing the attendance of both, evidenced by reports of APAE coordinator.

Contributed fully to meet the main needs of the brothers and the possible delay in the progress of the signs and symptoms of Duchenne syndrome, corroborated by the quality of care given by APAE which has a multidisciplinary team that assists the participant in its entirety.

The researchers felt welcomed by the team of professional APAE that facilitated access to information and accepted interventions / nursing instructions given to research participants and their parents. As well, the study participants and their families provided a quality service and results that justify the presence of the nurse in the multidisciplinary team.

Was a limiting factor in this study, little time to apply the SAE, because the time spent with special people to actions and assistance is most often undergoes changes.

Socioeconomic status and low educational level of the participants and their families may J. res.: fundam. care. online 2013. jul./set. 5(3):53-65

have affected the results, since some information and activities were difficult to understand for both, although the guidelines were passed with simple language through play activities.

The results of some interventions / activities are expected in the long term, it is not possible to identify in the short period of time (eight weeks) monitoring of research subjects.

It is emphasized that this work demands continuity. Systematize nursing care is a complex activity that requires skills and professional skills. Currently the nurse is not part of the multidisciplinary team APAE, and probably carried this practice will not continue.

It was found that the application of SAE in people with special needs and their families showed up as a working instrument able to improve the quality of life of the research participants.

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